

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070260

1. Entity Name

PARTNERS IN HEALTH MANAGEMENT, INC.

FILED

May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90028 007 \*\*\*158.75

Principal Place of Business

Mailing Address

1100 LEE WAGENER BLVD.  
SUITE 309  
FT. LAUDERDALE FL 33315  
US

1100 LEE WAGENER BLVD.  
SUITE 309  
FT. LAUDERDALE FL 33315-3571  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0700639

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBSON, BARBARA DR  
1100 LEE WAGENER BLVD.  
SUITE 309  
FT. LAUDERDALE FL 33315

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Delete
NAME	MILEY, JEANNE	
STREET ADDRESS	1100 LEE WAGENER BLVD. #309	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HUYSMAN, JAMES	
STREET ADDRESS	1100 LEE WAGENER BLVD. #309	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GIBSON, BARBARA DR	
STREET ADDRESS	1100 LEE WAGENER BLVD. #309	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00  
Date

(954) 453-6062  
Daytime Phone #

CR2E034 (9/99)